

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
MAY 24 2013  
Bayfield Co. Zoning Dept.

Permit #:	13-0103	ENTERED
Date:	5-29-13	
Amount Paid:	\$150	
Refund:	5-24-13	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		Lunar Holdings				c/o Team McDonald		City/State/Zip:		60066-		Telephone:			
Address of Property:		16100 Eagle Knob Rd				227 W Monroe		Chicago, IL		1224		Cell Phone:			
Contractor:		Cleary Buildings				(715) 458-2233		Contractor Phone:		Plumber:		Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Andrew Bjork				(715) 798-3393		Agent Phone:		16100 Eagle Knob Rd		W54821		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-018-2-44-07-27-2 05-004-10000		Recorded Document: (i.e. Property Ownership) Volume 582		Page(s) 194							
1/4, part of 4		Gov't Lot 4		Lot(s) CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:		Lot Size	
Section 27, Township 44 N, Range 7 W		Town of: Drummond												Acreage 13.82	
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		If yes—continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		If yes—continue →		Distance Structure is from Shoreline: feet 16705									

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$50,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Sewer	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 72'	Width: 42'	Height: 14'
Proposed Construction:			

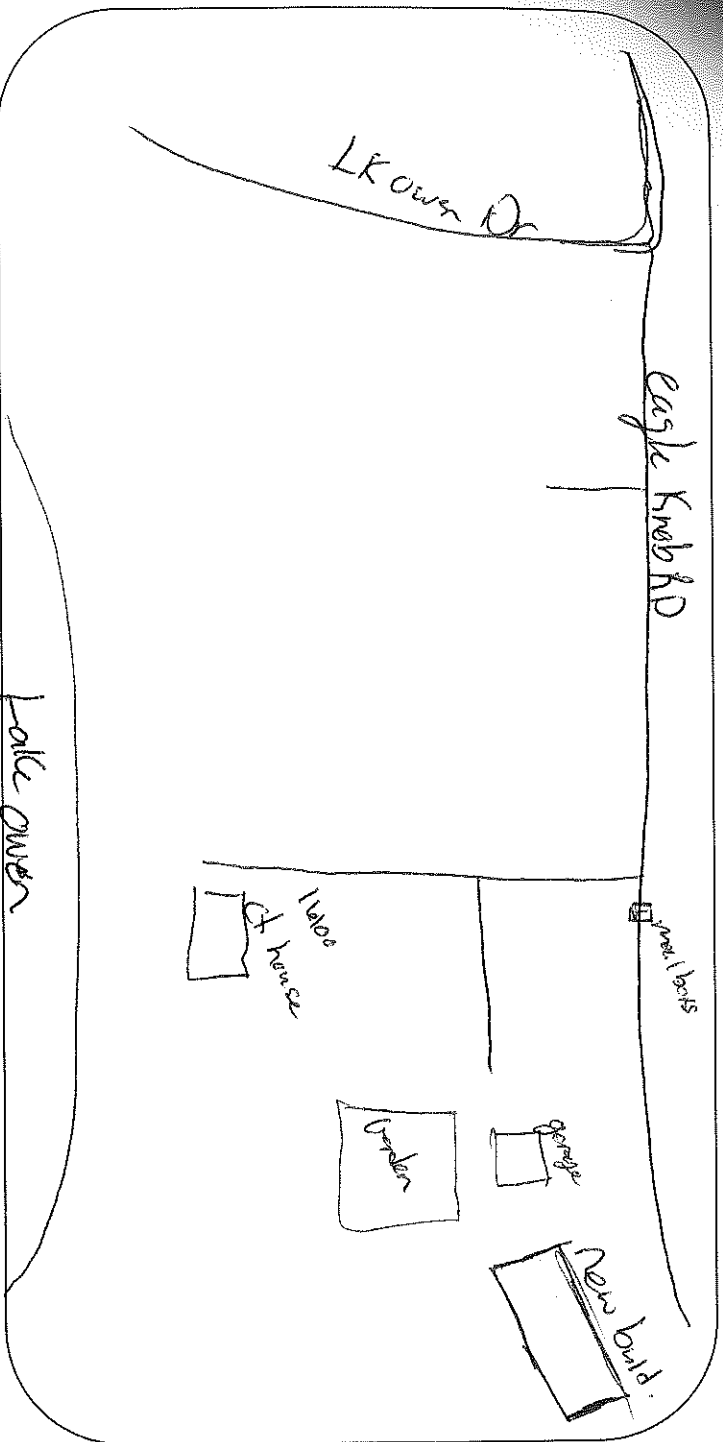
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( ) X )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) X )	
	with Loft	( ) X )	
	with a Porch	( ) X )	
	with (2 <sup>nd</sup> ) Porch	( ) X )	
	with a Deck	( ) X )	
	with (2 <sup>nd</sup> ) Deck	( ) X )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( ) X )	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( ) X )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	( ) X )	
	Addition/Alteration (specify)	( ) X )	
	Accessory Building (specify) pole bldg.	( 42 X 72 )	3,024
	Accessory Building Addition/Alteration (specify)	( ) X )	
Rec'd for Issuance	Special Use: (explain)	( ) X )	
MAY 29 2013	Conditional Use: (explain)	( ) X )	
Secretarial Staff	Other: (explain)	( ) X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the overall accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s) <input checked="" type="checkbox"/>	Date 5-23-14
(If there are Multiple Owners, list sign or letter(s) of authorization must accompany this application)	
Authorized Agent <input checked="" type="checkbox"/> Andrew Bjork	Date 5-23-14
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	
Address to send permit 16100 Eagle Knob Rd, Cable, WI 54821	Attach Copy of Tax Statement If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- 1) Show Location of: Proposed Construction  
2) Show / Indicate: North (N) on Plot Plan  
3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
4) Show: All Existing Structures on your Property  
5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1,000+ Feet	Setback from the Lake (ordinary high-water mark)	670+ Feet
Setback from the Established Right-of-Way	1,000+ Feet	Setback from the River, Stream, Creek	670+ Feet
Setback from the North Lot Line Lake	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	110+ Feet	Setback from Wetland	600+ Feet
Setback from the West Lot Line	170+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	400+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	500+ Feet	Setback to Well	500+ Feet
Setback to Drain Field	500+ Feet		
Setback to Privy (Portable, Composting)	NA Feet	Easement road	150+ Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:					
Permit Denied (Date):		Reason for Denial:								
Permit #: 13-0103		Permit Date: 5-29-13								
Is Parcel a Sub-Standard lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)		Case #:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Was Parcel legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Inspection Record:										
Well stated. Metals all setbacks.										
Date of Inspection: 5-24-13		Inspected by: M. Funtak		Zoning District (R-1)		Lakes Classification (1)		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)										
May not be used for human habitation.										
No water under pressure in structure.										
Signature: Michael Funtak		Date of Approval: 5-29-13								
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>		

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
MAY 22 2013

Permit #: 13-0107  
Date: 5-31-13  
Amount Paid: \$75  
Refund: 500.13

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.  
HOW TO FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: Richard C Wolcott		Mailing Address: PO Box 167		City/State/Zip: Drummond WI		Telephone: 715 763 3163			
Address of Property: 5485 N. Sweden Road		City/State/Zip: Drummond WI		Cell Phone: 715 548332		Plumber Phone: 715 548332			
Contractor: OWNER		Contractor Phone: 715 548332		Plumber: 715 548332		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A		Agent Phone: 715 548332		Agent Mailing Address (include City/State/Zip):		Recorded Document: (i.e. Property Ownership) Volume 504 Page(s) 70			
PROJECT LOCATION: NE 1/4, SE 1/4		Legal Description: (Use Tax Statement) 04 018-2-46-07-24-401-000-20000		Subdivision:		Recorded Document: (i.e. Property Ownership) Volume 504 Page(s) 70			
Section 24, Township 45 N, Range 7 W		Town of: Drummond		Lot Size: 7 Acres		Acreage: 7			
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue -->		Distance Structure is from Shoreline: 500+ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		<input type="checkbox"/> If yes---continue -->		Distance Structure is from Shoreline: feet		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 7500.00	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <del>sewer</del> <del>sanitary</del>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
					<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( X )	
	with Loft	( X )	
	with a Porch	( X )	
	with (2nd) Porch	( X )	
	with a Deck	( X )	
	with (2nd) Deck	( X )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	( X )	
	Mobile Home (manufactured date)	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	( X )	
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Garage</u>	( 21 X 24 )	576
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( X )	
Rec'd for Issuance			
MAY 31 2013			
Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Richard C Wolcott  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date: 5-22-13

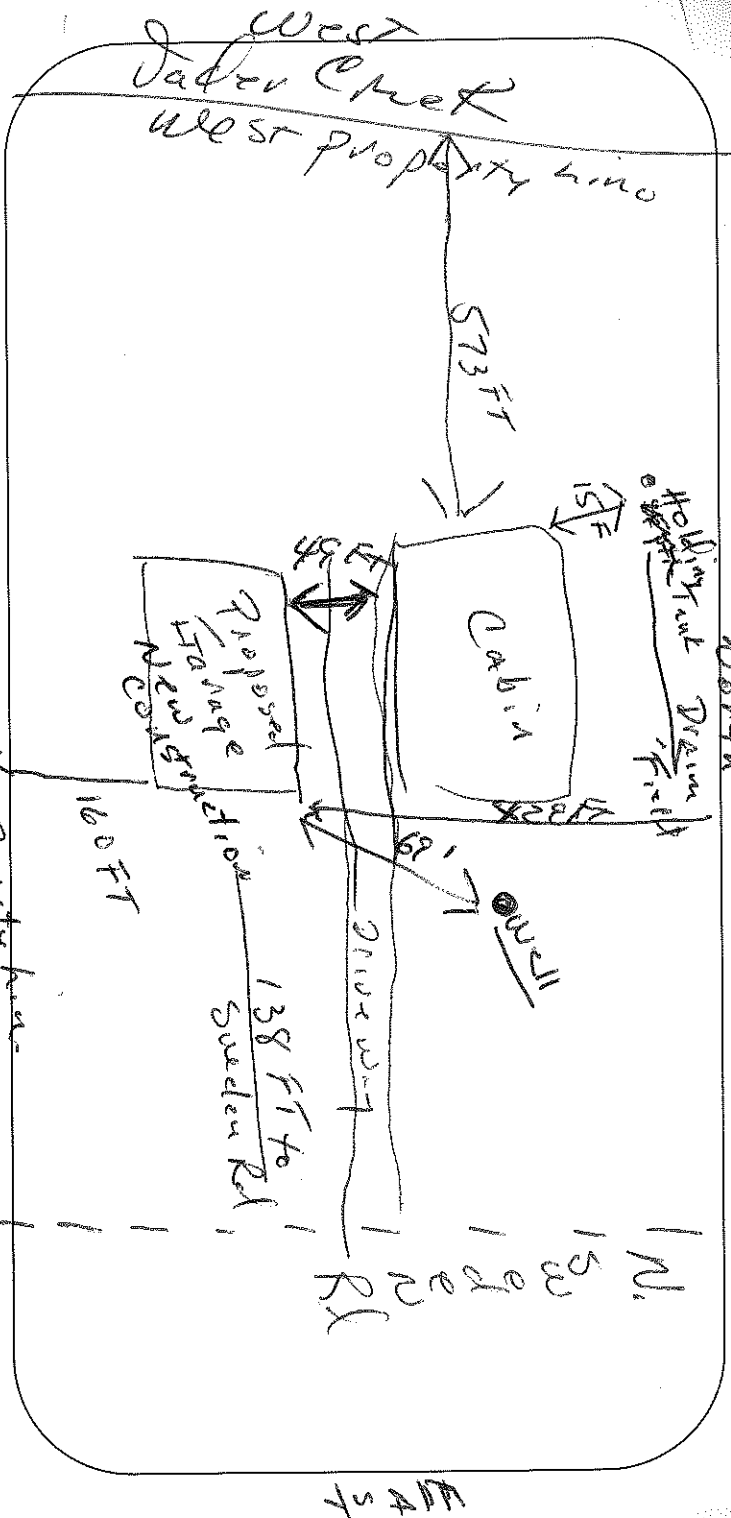
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: PO Box 167, Drummond, WI 54832

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement ☒  
If you recently purchased the property send your Recorded Deed

Below: Draw or sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)  
(6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond  
(7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%  
North



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	150' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	479' Feet	Setback from the River Stream, Creek	573' Feet
Setback from the North Lot Line	429' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	160' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	593' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	138' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	94' Feet	Setback to Well	69' Feet
Setback to Drain Field	114' Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P) and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:					
Permit Denied (Date):		Reason for Denial:							
Permit #: 13-0107		Permit Date: 5-31-13							
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Case #:					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Inspection Record:		Well status: Metcalf's check.			Zoning District (F-1)				
Date of inspection: 5-30-13		Inspected by: M. Fuchs			Lakes Classification (3)				
Conditions/Town, Committee or Board Conditions Attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)			Date of Re-inspection:				
May not be used for human habitation.									
No water under pressure in structure.									
Signature of Inspector: Michael Fuchs					Date of Approval: 5-30-13				
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (received)  
MAY 24 2013  
Bayfield Co. Zoning Dept.

Permit #: 13-0108  
Date: 5-31-13  
Amount Paid: \$75.50-4-13  
5-23-13 Cash \$75.44  
Refund: Pd DKD

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:

Mailing Address:

City/State/Zip:

Telephone:  
715 734 6812

Address of Property:

City/State/Zip:

Cell Phone:

Contractor:

Contractor Phone:

Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone:

Agent Mailing Address (include City/State/Zip):

Written Authorization Attached  
☐ Yes ☒ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) PIN: (23 digits) 04-818-3-44-07-18-4 04-000-10000 Recorded Document: (i.e. Property Ownership) Volume 1029 Page(s) 370

Section 18, Township 44 N, Range 7 W

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes--continue ☒ Distance Structure is from Shoreline: feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ If yes--continue ☒ Distance Structure is from Shoreline: feet

Is Property in Floodplain Zone? ☐ Yes ☒ No Are Wetlands Present? ☐ Yes ☒ No

☒ Non-Shoreland

Value at Time of Completion \* include donated time & material Project # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System Is on the property? Water

\$13,000 ☒ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City ☐ Addition/Alteration ☐ 1-Story + Loft ☒ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: ☒ Well ☐ Conversion ☐ 2-Story ☐ 3 ☐ Sanitary (Exists) Specify Type: ☒ Comu ☐ Relocate (existing bldg) ☐ Basement ☐ 3 ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon) ☐ Run a Business on Property ☐ No Basement ☒ None ☐ Portable (w/service contract) ☐ Compost Toilet ☐ Foundation ☐ None ☐ None

Existing Structure: (If permit being applied for is relevant to it) Length: Width: Height: Proposed Construction: Length: Width: Height:

Proposed Use Proposed Structure Dimensions Square Footage ☒ Residential Use ☐ Commercial Use ☐ Municipal Use ☐ Accessory Building Addition/Alteration (specify) ☐ Rec'd for Issuance MAY 31 2013

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): ☒ Debbie K. Wald ☒ Drummond ☒ CDE 54832

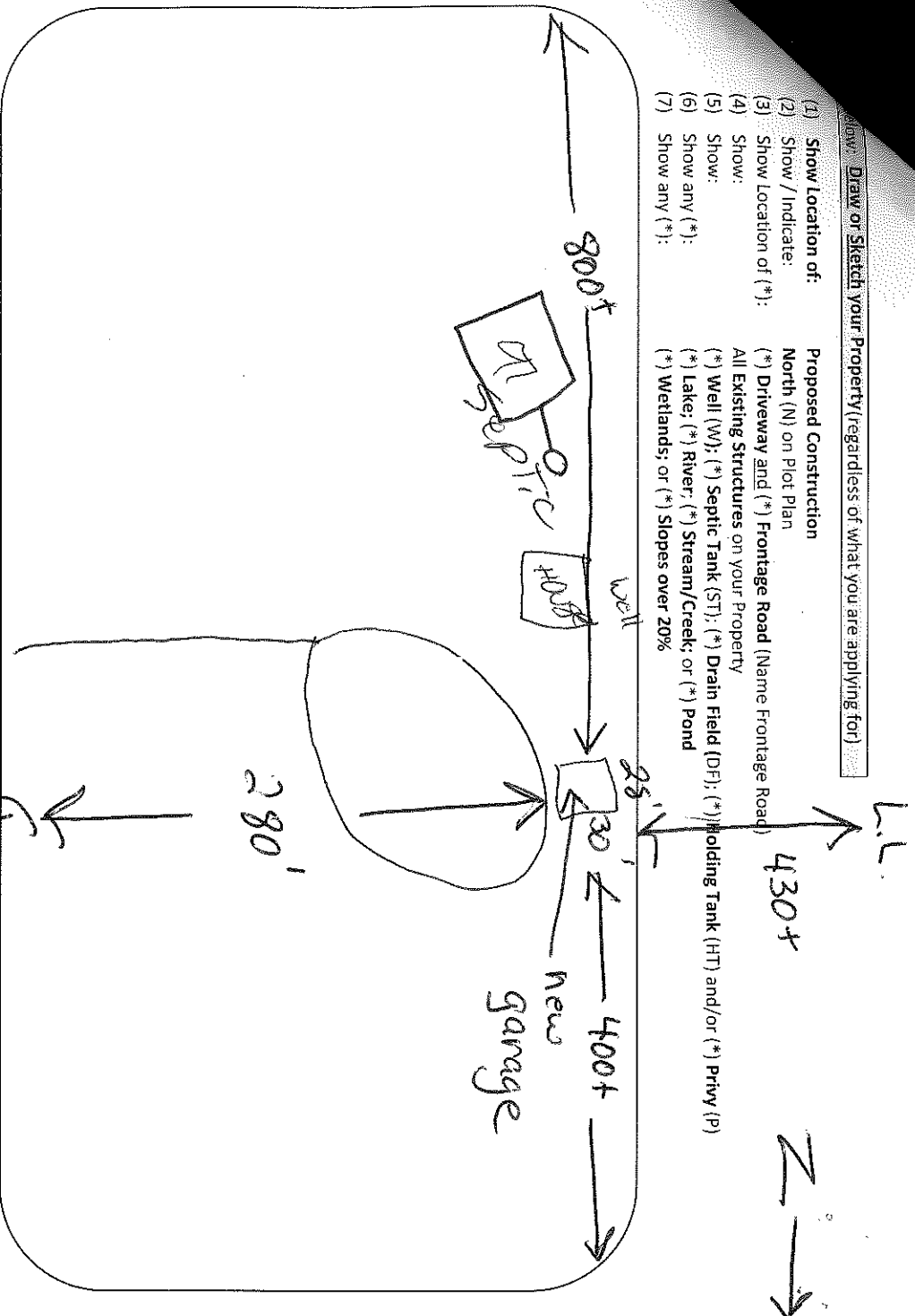
Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Same as above

018-1017-08 990 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

US Hwy 163

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	280 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	240 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	400 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	800 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	420 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	120 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	130 Feet	Setback to Well	67 Feet
Setback to Drain Field	130 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit # <u>13-0108</u>		Permit Date: <u>5-31-13</u>			
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No		
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No		
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)		Case #:	Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:					
Date of Inspection: <u>5-30-13</u>		Inspected by: <u>M. Fustal</u>		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)					
No water under pressure in structure. May not be used for human habitation; existing garage must be properly disposed of.					
Signature of Inspector: <u>Michael Fustal</u>		Zoning District: <u>(F-1)</u>		Date of Approval: <u>5-30-13</u>	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	